

STATE OF ALABAMA
DEPARTMENT OF INSURANCE

PB-Y

QUARTERLY PREMIUM TAX STATEMENT – DOMESTIC INSURANCE COMPANY
PROPERTY AND CASUALTY BUSINESS

Quarterly Period Ending June 30, _____
(Due no later than August 15, _____)

INSTRUCTIONS

PENALTIES – Any Company failing to file its Premium Tax Return (even if no tax is due) or failing to pay such estimated taxes on a timely basis shall be subject to a penalty of \$1,000 to \$10,000, to be assessed by the Commissioner.

RETURNS POST MARKED ON THE DUE DATE WILL BE ACCEPTED.

Please use the following checklist to assure that all the necessary items are included with your Premium Tax Filing.

- () Each quarter's payment may be paid on Estimated or Actual premiums.
- () The Alabama Facilities Credit Worksheet must accompany this form if paying at a rate less than the 3.6% maximum.
- () Make checks payable to the: Alabama Department of Insurance.
- () **WE DO NOT HAVE AN EFT ACCOUNT AT THIS TIME.** Mail this RETURN and CHECK to the address below:

POSTAL SERVICE

Alabama Department of Insurance
c/o Compass Bank
P.O. Box 830691
Birmingham, AL 35283-0691

COURIER OR EXPRESS SERVICE

Alabama Department of Insurance
c/o Compass Bank
701 South 32nd Street
Birmingham, AL 35233

NAIC#: _____ (Name of Company) _____

Preparer's Signature _____ Name and Title (Print) _____

Telephone No. _____

PLEASE COMPLETE

1. **PREMIUM TAX PAID:** (reverse side, line 15)

PB: \$ _____

2. **Check No.:** -----

STATE OF _____ **COUNTY OF** _____

Personally appeared before the undersigned attesting officer(Name) _____

Who says he/she is (Title) _____ **of the above company and the above statement is true and correct to the best of his/her knowledge.**

SWORN TO AND SUBSCRIBED before me this _____ **day of** _____, **20** _____.

NOTARY PUBLIC

- OVER -

DOMESTIC PROPERTY AND CASUALTY BUSINESS**PB-Y****Quarterly Period Ending June 30, _____**

(Due no later than August 15, _____)

NAIC# _____

TAXABLE PREMIUMS**ACTUAL:**

	<u>THIS QUARTER</u>	<u>TAX RATE</u>	<u>TAX</u>
3. Property & multi-peril insurance written in fire protection classes 9 & 10	\$ _____	X 180% X 1.0%=\$	_____
4. Mobile home & low value dwelling policies with a face value of \$40,000 or less	\$ _____	X 180% X 1.0%=\$	_____
5. All other property & casualty (max. rate:3.6%, see instructions)	\$ _____	X 180% X _____=\$	_____
6. Health:			
a)Groups with less than 50 participants	\$ _____	X 180% X .5%=\$	_____
b)Other health	\$ _____	X 180% X 1.6%=\$	_____
7. GROSS PREMIUM TAX DUE - Actual Basis			\$ _____

TAXABLE PREMIUMS**ESTIMATED:**

	<u>PREVIOUS YEAR</u>	<u>TAX RATE</u>	<u>TAX</u>
8. Property & multi-peril insurance written in fire protection classes 9 & 10	\$ _____	X 45% X 1.0% = \$	_____
9. Mobile home & low value dwelling policies with a face value of \$40,000 or less	\$ _____	X 45% X 1.0% = \$	_____
10. All other property & casualty (max. rate: 3.6%, see instructions)	\$ _____	X 45% X _____=\$	_____
11. Health:			
a)Groups with less than 50 participants	\$ _____	X 45% X .5% = \$	_____
b)Other health	\$ _____	X 45% X 1.6% = \$	_____
12. GROSS TAX DUE - Estimated Basis			\$ _____
13. 25% of deductible expenses paid or estimated to be paid			\$ _____
14. LESS: Prior Year Overpayment			\$ _____
15. NET PREMIUM TAX DUE (line 7 or line 12 minus lines 13 and 14)			\$ _____

Report the Amount Paid, Check Number, and Date of Check in the following schedule.

TAXES PAID:	1 st Quarter	\$ _____	Check No. _____	Date paid _____
	2 nd Quarter	\$ _____	Check No. _____	Date paid _____
	3 rd Quarter	\$ _____	Check No. _____	Date paid _____